

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning , and ending**B** Check if applicable☐ Address change☐ Name change☐ Initial return☐ Final return☐ Amended return☐ Application pendingPlease
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**C** Name of organization

CANCER FUND OF AMERICA, INC.

Number and street (or P O box if mail is not delivered to street address)

2901 BREEZEWOOD LANE

Room/suite

City or town, state or country, and ZIP + 4

KNOXVILLE

TN 37921-1099

D Employer identification number

58-1766061

E Telephone number

865-938-5281

F Accounting method: ☐ Cash☒ Accrual ☐ Other (specify)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and are not applicable to section 527 organizations I

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list See instructions)

H(d) Is this a separate return filed by anorganization covered by a group ruling? ☐ Yes ☐ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**G** Website: ▶ WWW.CFOA.ORG**J** Organization type(check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 15,558,711**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)****1** Contributions, gifts, grants, and similar amounts received**a** Contributions to donor advised funds**1a****b** Direct public support (not included on line 1a)**1b**

14,464,301

c Indirect public support (not included on line 1a)**1c**

190,000

d Government contributions (grants) (not included on line 1a)**1d****e** Total (add lines 1a through 1d) (cash \$ 9,313,671 noncash \$ 5,340,630)**1e**

14,654,301

2 Program service revenue including government fees and contracts (from Part VII, line 93)**2****3** Membership dues and assessments**3****4** Interest on savings and temporary cash investments**4**

812

5 Dividends and interest from securities**5****6a** Gross rents**6a****b** Less rental expenses**6b****c** Net rental income or (loss) Subtract line 6b from line 6a**6c****7** Other investment income (describe ▶ SEE STATEMENT 1)**7**

14,427

8a Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

8a

771,685

b Less cost or other basis and sales expenses**8b**

525,138

c Gain or (loss) (attach schedule)**8c**

246,547

d Net gain or (loss) Combine line 8c, columns (A) and (B)

SEE STMT 2

8d

246,547

9 Special events and activities (attach schedule) If any amount is from gaming, check here ☐**a** Gross revenue (not including \$ of contributions reported on line 1b)**9a****b** Less direct expenses other than fundraising expenses**9b****c** Net income or (loss) from special events Subtract line 9b from line 9a**9c****10a** Gross sales of inventory, less returns and allowances**10a****b** Less cost of goods sold**10b****c** Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a**10c****11** Other revenue (from Part VII, line 103)**11**

117,486

12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11**12**

15,033,573

Expenses

13 Program services (from line 44, column (B))**13**

4,294,092

14 Management and general (from line 44, column (C))**14**

742,353

15 Fundraising (from line 44, column (D))**15**

8,653,775

16 Payments to affiliates (attach schedule)**16****17** Total expenses. Add lines 13 and 14, column (A)**17**

13,690,220

Net Assets

18 Excess or (deficit) for the year. Subtract line 17 from line 12**18**

1,343,353

19 Net assets or fund balances at beginning of year (from line 73, column (A))**19**

2,357,452

20 Other changes in net assets or fund balances (attach explanation)**20****21** Net assets or fund balances at end of year Combine lines 18, 19, and 20**21**

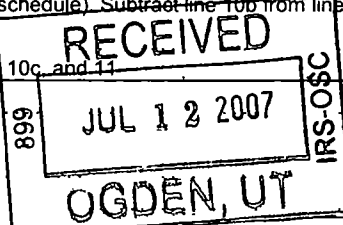
3,700,805

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2006)

SCANNED AUG 02 2007



Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

"Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I."		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule)					
(cash \$ _____ non-cash \$ _____)					
If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (attach schedule) STMT 3					
(cash \$ <u>800</u> non-cash \$ <u>1,989,858</u>)					
If this amount includes foreign grants, check here <input type="checkbox"/>	22b	1,990,658	1,990,658		
23 Specific assistance to individuals (attach schedule) STMT 4	23	10,762	10,762		
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) SEE STATEMENT 5	25a	383,760	265,243	51,014	67,503
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	604,514	604,514		
27 Pension plan contributions not included on lines 25a, b, and c	27	25,279		25,279	
28 Employee benefits not included on lines 25a - 27	28	207,493	192,549		14,944
29 Payroll taxes	29	111,793	92,475	12,141	7,177
30 Professional fundraising fees	30	7,737,826			7,737,826
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	40,095	22,052	7,017	11,026
34 Telephone	34	80,021	44,011	14,004	22,006
35 Postage and shipping	35	841,998	495,415	76,405	270,178
36 Occupancy	36	34,081	18,745	5,964	9,372
37 Equipment rental and maintenance	37				
38 Printing and publications	38	290,389	115,651	44,035	130,703
39 Travel	39				
40 Conferences, conventions, and meetings	40	86,063	47,335	15,061	23,667
41 Interest	41	35,284	19,406	6,175	9,703
42 Depreciation, depletion, etc. (attach schedule)	42	61,098	33,604	10,692	16,802
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 6	43a	1,149,106	341,672	474,566	332,868
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	13,690,220	4,294,092	742,353	8,653,775

Joint Costs. Check ☒ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☒ Yes ☐ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ 4,003,615, (ii) the amount allocated to Program services \$ 2,292,672,(iii) the amount allocated to Management and general \$ 783,216, and (iv) the amount allocated to Fundraising \$ 927,727

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

▶ **SEE STATEMENT 7**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a PATIENT SERVICES - FINANCIAL AND OTHER ASSISTANCE TO CANCER PATIENTS AND THEIR CAREGIVERS(Grants and allocations \$ 1,990,658) If this amount includes foreign grants, check here ▶ ☐3,177,628**b COMMUNITY SERVICES - FINANCIAL AND OTHER ASSISTANCE TO COMMUNITY ORGANIZATIONS THAT PROVIDE SERVICES TO ILL AND NEEDY INDIVIDUALS**(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐901,759**c PUBLIC HEALTH EDUCATION - DISTRIBUTION OF EDUCATIONAL MATERIALS VIA DIRECT MAIL AND PERSONAL VOLUNTEERS**(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐214,705**d**(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐**e Other program services (attach schedule)**(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐**f Total of Program Service Expenses** (should equal line 44, column (B), Program services)4,294,092Form **990** (2006)

Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year		(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
Assets	45 Cash-non-interest-bearing	118,938	45	138,939
	46 Savings and temporary cash investments	35,886	46	36,085
	47a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a 68,604		
	b Less allowance for doubtful accounts	48b	48c	68,604
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) SEE WORKSHEET	461,536	50a	461,218
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		50b	
	51a Other notes and loans receivable (attach schedule) SEE WORKSHEET	51a 28,514		
	b Less allowance for doubtful accounts	51b	51c	28,514
	52 Inventories for sale or use	1,636,033	52	3,062,803
	53 Prepaid expenses and deferred charges		53	
	54a Investments—publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments—other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	55a Investments—land, buildings, and equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b	55c	
	56 Investments—other (attach schedule)		56	
	57a Land, buildings, and equipment basis	57a 1,062,403		
b Less accumulated depreciation (attach schedule) SEE STATEMENT 8	57b 493,315	999,134	57c	569,088
58 Other assets, including program-related investments (describe ▶ SEE STATEMENT 9)	694,538	58	708,645	
59 Total assets (must equal line 74) Add lines 45 through 58	4,195,595	59	5,073,896	
Liabilities	60 Accounts payable and accrued expenses	1,215,299	60	835,557
	61 Grants payable	90,000	61	90,000
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule) SEE WORKSHEET	532,844	64b	447,534
	65 Other liabilities (describe ▶)		65	
66 Total liabilities. Add lines 60 through 65	1,838,143	66	1,373,091	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	2,357,452	67	3,700,805
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	2,357,452	73	3,700,805
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	4,195,595	74	5,073,896	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	15,033,573
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify)	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	15,033,573
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify)	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12) Add lines c and d	e	15,033,573

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	13,690,220
b	Amounts included on line a but not Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify)	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	13,690,220
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify)	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d	e	13,690,220

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address		(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JAMES REYNOLDS, SR.	KNOXVILLE	PRESIDENT			
4409 WALROCK LN	TN 37921	40	185,250	15,812	0
JAMES REYNOLDS, JR.	MESA	VICE PRES			
10506 E. OBISPO AVE	AZ 85212	40	105,060	14,314	0
KYLE EFFLER	KNOXVILLE	CFO			
509 BANBURY RD	TN 37934	40	93,450	10,453	0
CAROL S. CRUZE	KNOXVILLE	TREASURER			
5500 JONES RD	TN 37918	1	0	0	0
LOIS A. WELCH	KNOXVILLE	CHAIRMAN			
7919 QUAIL RUN DR	TN 37928	1	0	0	0
JESS GROESBECK	MT VERNON	MEDICAL ADVI			
1418 EAST BLACKBURN RD	WA 98274	1	0	0	0
GARY FISH	CEDAR HILLS	CHAIRMAN			
9889 DORCHESTER DR	UT 84062	1	0	0	0
JARED RICH	GALLATIN	CHAIRMAN			
578 HOLLERMAN LN	TN 37066	1	0	0	0
DENNIS TAYLOR	KNOXVILLE	CHAIRMAN			
6516 GREENWOOD RD	TN 37918	1	0	0	0

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (continued)

<p>75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 8</p> <p>b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)</p> <p style="text-align: right;">SEE STATEMENT 10</p> <p>c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization"</p> <p>If "Yes," attach a statement that includes the information described in the instructions</p> <p>d Does the organization have a written conflict of interest policy?</p>	<p>75b</p> <p>75c</p> <p>75d</p>	<p>X</p>	<p>X</p>
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Part V-B	Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits		
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(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]**Part VI** **Other Information (See the instructions.)**

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b If "Yes," enter the name of the organization ▶ CANCER FUND OF AMERICA SUPPORT SRVCS and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a Enter direct and indirect political expenditures (See line 81 instructions)	81a		
b Did the organization file Form 1120-POL for this year?	81b		X

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
	83b N/A		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
	85a N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
	85b N/A		
c	Dues, assessments, and similar amounts from members		
	85c		
d	Section 162(e) lobbying and political expenditures		
	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	85g N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	85h N/A		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
	86a		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b		
87	501(c)(12) orgs Enter a Gross income from members or shareholders		
	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)		
	87b		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0 , section 4912 0 , section 4955 0		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	0		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		
	0		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
	89e		
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
	89f		
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
	89g		
90a	List the states with which a copy of this return is filed SEE ATTACHED STATEMENT		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)		
	90b 18		
91a	The books are in care of KYLE EFFLER		
	Telephone no 865-938-5281		
	Located at KNOXVILLE, TN		
	ZIP + 4 37921-1099		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
	91b	Yes	No
			X

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

Yes	No
	X

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

▶ 92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	812	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			14	14,427	
100 Gain or (loss) from sales of assets other than inventory			18	246,547	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b MAILING LIST RENTAL			13	116,195	
c MISCELLANEOUS INCOME			1	1,291	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		379,272	0
105 Total (add line 104, columns (B), (D), and (E))					379,272

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

	Yes	X	No
	Yes	X	No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

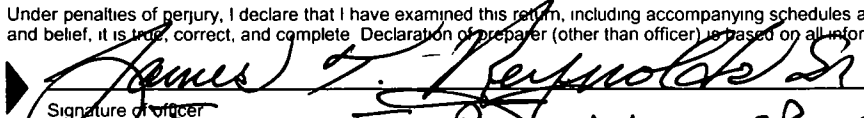
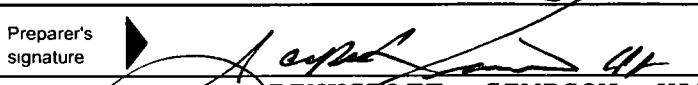
107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date <u>6 July 07</u>	
Paid Preparer's Use Only	Type or print name and title <u>JAMES T. REYNOLDS, SR President</u>			
	Preparer's signature 	Date <u>6/20/07</u>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Instr X) <u>P00080574</u>
Firm's name (or yours if self-employed), address, and ZIP + 4 <u>PINKSTAFF, SIMPSON, HALL AND HEADRICK PC</u> <u>8858 CEDAR SPRINGS LANE, SUITE 5000</u> <u>KNOXVILLE, TN 37923</u>		EIN <u>62-1719416</u>	Phone no <u>865-690-7010</u>	

SCHEDULE A
(Form 990 or 990-EZ)**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2006Department of the Treasury
Internal Revenue Service**Supplementary Information-(See separate instructions.)**▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

CANCER FUND OF AMERICA, INC.

Employer identification number
58-1766061**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
JOSHUA LOVELESS 5217 TRUMPET VINE LN KNOXVILLE TN 37918	FUNDRAISING 40	81,620	14,059	0
BRIAN MORSE 5932 E. INGRAM ST MESA AZ 85205	WEBMASTER 40	70,725	13,564	0
CLAUDETTE PERKINS 901 ANATOLE LN KNOXVILLE TN 37938	VOLUNTEER CR 40	62,975	13,214	0
BRENDA CLARK 709 BIRCHBROOK DR KNOXVILLE TN 37918	PATIENT SERV 40	58,250	8,853	0
MICHAEL REYNOLDS 105 W. BRANGUS WAY QUEEN CREEK AZ 85243	HOSPICE CR 40	53,166	9,472	0
Total number of other employees paid over \$50,000 ▶	1			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
ASSOCIATED COMMUNITY SERVICES 29777 TELEGRAPH RD SOUTHFIELD MI 48034	TELEMARKETING	2,854,672
CIVIC DEVELOPMENT GROUP 425 RARITAN CTR PKWY EDISON NJ 08837	TELEMARKETING	1,315,887
INSIGHT TELESERVICES 17117 W. NINE MILE RD SOUTHFIELD MI 48075	TELEMARKETING	597,223
BEE LLC 6849 OLD DOMINION DR MCLEAN VA 22101	TELEMARKETING	422,327
ORGANIZATIONAL DEVELOPMENT 5311 LAKE WORTH RD LAKE WORTH FL 33463	TELEMARKETING	399,682
Total number of others receiving over \$50,000 for professional services ▶	5	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2006

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit? SEE STATEMENT 11	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	
d Enter the total number of donor advised funds owned at the end of the tax year ► _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► _____		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____		0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ►
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- ☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ►					

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	17,623,444	21,036,617	19,548,335	19,245,504	77,453,900
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	23,173	7,874	329		31,376
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. STMT 12	205,377	200,591	185,062	166,812	757,842
23 Total of lines 15 through 22	17,851,994	21,245,082	19,733,726	19,412,316	78,243,118
24 Line 23 minus line 17	17,851,994	21,245,082	19,733,726	19,412,316	78,243,118
25 Enter 1% of line 23	178,520	212,451	197,337	194,123	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test. Enter line 24, column (e)					
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					
e Public support (line 26c minus line 26d total)					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year					
(2005) 0 (2004) 0 (2003) 0 (2002) 0					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					
(2005) 0 (2004) 0 (2003) 0 (2002) 0					
c Add Amounts from column (e) for lines 15 77,453,900 16 _____ 17 _____ 20 _____ 21 _____					
d Add Line 27a total _____ and line 27b total _____					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31		
32 Does the organization maintain the following			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33 Does the organization discriminate by race in any way with respect to			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table-			
If the amount on line 40 is-			
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 13 of the instructions)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Forms
990 / 990-PF**Receivables Due from Officers, Directors,
Trustees, and Key Employees****2006**

For calendar year 2006, or tax year beginning

, and ending

Name

Employer Identification Number

CANCER FUND OF AMERICA, INC.

58-1766061

FORM 990, PART IV, LINE 50 - ADDITIONAL INFORMATION

Name of borrower	Title
(1) JAMES T. REYNOLDS	PRESIDENT
(2) ROSE PERKINS	VICE PRESIDENT
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 276,000	9/01/05		ON DEMAND	4.000
(2) 166,000	9/01/05		ON DEMAND	4.000
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) PROCEEDS OF POLICY	INTEREST IN LIFE INSURANCE POLICY
(2) PROCEEDS OF POLICY	INTEREST IN LIFE INSURANCE POLICY
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1) NONE	288,392	288,233	
(2) NONE	173,144	172,985	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	461,536	461,218	

Forms 990 / 990-PF	Other Notes and Loans Receivable	2006
For calendar year 2006, or tax year beginning _____, and ending _____		

Name CANCER FUND OF AMERICA, INC.	Employer Identification Number 58-1766061
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FORM 990, PART IV, LINE 51A - ADDITIONAL INFORMATION

Name of borrower	Relationship to disqualified person
(1) EMPLOYEE RECEIVABLES	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	21,107	28,514	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	21,107	28,514	

For calendar year 2006, or tax year beginning

, and ending

Name

Employer Identification Number

CANCER FUND OF AMERICA, INC.

58-1766061

FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

Name of lender	Relationship to disqualified person
(1) BANK ONE	NONE
(2) FIRST TENNESSEE BANK	NONE
(3) BANK ONE	NONE
(4) FIRST TENNESSEE BANK	NONE
(5) FIRST TENNESSEE BANK	NONE
(6) FIRST TENNESSEE	NONE
(7) JEFFERSON PILOT	NONE
(8) FIRST TENNESSEE BANK	NONE
(9) FIRST TENNESSEE BANK	NONE
(10) FIRST TENNESSEE BANK	NONE

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 400,000	8/19/02	8/19/17	\$5000.00 PER MONTH	6.820
(2) 401,500	5/08/02	5/08/07	\$7875.00 PER MONTH	6.500
(3) 40,000	12/16/02	8/01/06	MINIMUM PAYMENTS	8.250
(4) 150,000	1/05/04	1/05/09	\$1700.00 PER MONTH	6.250
(5) 15,150	9/07/04	9/07/06	\$671.63 PER MONTH	5.950
(6) 14,130	12/05/05	12/15/07	\$632.79 PER MONTH	6.750
(7) 150,000	3/08/06		\$1,700 PER MONTH	8.000
(8) 18,571	8/12/06	2/21/09	\$680.49 PER MONTH	7.350
(9) 6,848	6/19/06	12/19/07	\$402.87 PER MONTH	7.210
(10) 10,457	7/06/06	7/06/08	\$470.42 PER MONTH	7.350

Security provided by borrower	Purpose of loan
(1)	MORTGAGE
(2)	MORTGAGE
(3) NONE	OPERATING CAPITAL
(4) LIFE INSURANCE ON OFFICER	OPERATING CAPITAL
(5) KIA AMANTI	AUTOMOBILE LOAN
(6) 2005 KIA AMANTI	AUTOMOBILE LOAN
(7) CSV KEY MAN POLICY	OPERATING CAPITAL
(8) 2006 KIA SPORTAGE	AUTOMOBILE LOAN
(9) 2006 KIA SPORTAGE	AUTOMOBILE LOAN
(10) 2006 KIA SEDONA	AUTOMOBILE LOAN

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	279,462	
(2)	84,287	47,393
(3) NONE	29,864	
(4) NONE	120,424	29,924
(5) NONE	5,238	
(6) NONE	13,569	
(7) NONE		145,746
(8) NONE		16,281
(9) NONE		4,647
(10) NONE		7,873
Totals	532,844	251,864

For calendar year 2006, or tax year beginning

, and ending

Name

Employer Identification Number

CANCER FUND OF AMERICA, INC.

58-1766061

FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

Name of lender	Relationship to disqualified person
(1) FIRST TENNESSEE BANK	NONE
(2) FIRST TENNESSEE BANK	NONE
(3) FIRST TENNESSEE BANK	NONE
(4) FIRST TENNESSEE BANK LOC	NONE
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 18,813	6/19/06	6/19/08	\$845.02 PER MONTH	7.210
(2) 9,760	8/21/06	2/21/08	\$574.81 PER MONTH	7.350
(3) 10,176	6/19/06	6/19/08	\$457.27 PER MONTH	7.250
(4) 173,193	4/25/06		INTEREST ONLY	8.250
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) 2006 KIA SEDONA	AUTOMOBILE LOAN
(2) 2006 KIA AMANTI	AUTOMOBILE LOAN
(3) 2006 KIA OPTIMA	AUTOMOBILE LOAN
(4) BUILDING & PROPERTY	OPERATING CAPITAL
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1) NONE		14,360
(2) NONE		7,680
(3) NONE		7,766
(4) NONE		165,864
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals		195,670

Federal Statements

Statement 1 - Form 990, Part I, Line 7 - Other Investment Income

<u>Description</u>	<u>Amount</u>
GAIN ON INV IN LIFE INSURANCE	\$ 14,427
TOTAL	<u>\$ 14,427</u>

Federal Statements

Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc		Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
How Rec'd								
AZ LAND	PURCHASE	NON RELATED INDIVID	1/01/02	6/05/06	\$ 145,000	\$ 100,000	\$	45,000
AZ BUILDING	PURCHASE	NON RELATED INDIVID	1/01/02	6/05/06	578,000	400,000	55,208	233,208
MESA PARKING LOT	PURCHASE	NON RELATED INDIVID	8/03/04	6/05/06		35,000	2,279	-32,721
1999 CHRYSLER CIRRUS	PURCHASE	NON REALTED INDIVID	7/08/99	6/19/06		19,152	19,152	
2001 LINCOLN TOWN CAR	PURCHASE	CHILDREN'S CANCER F	8/28/01	3/01/06	5,000	39,403	35,463	1,060
2003 MITSUBISHI	PURCHASE	NON REALTED INDIVID	5/06/04	7/06/06	10,544	18,607	8,063	
2004 KIA AMANTI	PURCHASE	NON REALTED INDIVID	9/07/04	7/06/06	14,874	23,485	8,611	
2005 KIA AMANTI	PURCHASE	NON REALTED INDIVID	12/05/05	8/21/06	18,267	21,490	3,223	
TOTAL					\$ 771,685	\$ 657,137	\$ 131,999	\$ 246,547

Federal Statements

Statement 3 - Form 990, Part II, Line 22b - Other Grants and Allocations

Name Address	Date of Gift	Description of Property	Relationship to Org	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
SEE ATTACHED SCHEDULE								
				\$ 800	\$ 1,989,858	\$		
				\$ 800	\$ 1,989,858	\$ 0		
TOTAL								

Statement 4 - Form 990, Part II, Line 23 - Specific Assistance to Individuals

<u>Description</u>	<u>Amount</u>
DIRECT CASH TO PATIENTS	\$ <u>10,762</u>
TOTAL	\$ <u>10,762</u>

Federal Statements

Statement 5 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
EXPENSES	\$	\$	\$
OFFICER COMPENSATION	265,243	51,014	67,503
COMPENSATION			
TOTAL	<u>\$ 265,243</u>	<u>\$ 51,014</u>	<u>\$ 67,503</u>

Federal Statements

Statement 6 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
MAILING SERVICES	123,702	49,481	18,555	55,666
DATA PROCESSING	154,585	64,213	23,584	66,788
LIST RENTALS	197,760	79,104	29,664	88,992
DIRECT MAIL CONSULTANT	138,227	55,291	20,734	62,202
OTHER PROFESSIONAL SERVICES	321,732	35,354	269,963	16,415
ADVERTISING	16,690	2,043	650	13,997
INSURANCE	57,533	31,643	10,068	15,822
REPAIRS & MAINTENANCE	32,851	18,068	5,749	9,034
DUES & SUBSCRIPTIONS	3,870	2,509	529	832
MISCELLANEOUS	54,385	3,966	47,299	3,120
STATE REGISTRATION FEES	6,559		6,559	
SERVICE CHARGES	41,212		41,212	
TOTAL	\$ 1,149,106	\$ 341,672	\$ 474,566	\$ 332,868

Statement 7 - Form 990, Part III - Organization's Primary Exempt Purpose

TO PROVIDE DIRECT FINANCIAL AID AND OTHER SUPPORT AND SERVICES TO FINANCIALLY INDIGENT CANCER PATIENTS; TO DESSEMINATE INFORMATION CONCERNING THE EARLY DETECTION AND PREVENTION OF CANCER; TO PROVIDE GRANTS AND GIFTS IN KIND TO HOSPICES, OTHER HEALTH CARE PROVIDERS, AND TO VARIOUS NON-PROFIT COMMUNITY SERVICE ORGANIZATIONS WHICH AID THE ILL, NEEDY AND INFANTS.

Federal Statements**Statement 8 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
LAND	\$ 130,303	\$	\$ 30,303	\$
BUILDING & IMPROVEMENTS	988,568		553,569	
OFFICE FURNITURE & EQUIPMENT	193,294		197,638	
AUTOMOBILES	239,671		280,893	
ACCUMULATED DEPRECIATION		552,702		493,315
TOTAL	<u>\$ 1,551,836</u>	<u>\$ 552,702</u>	<u>\$ 1,062,403</u>	<u>\$ 493,315</u>

Statement 9 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
CSV OF LIFE INSURANCE	\$ 694,538	\$ 708,645
TOTAL	<u>\$ 694,538</u>	<u>\$ 708,645</u>

Federal Statements

Statement 10 - Form 990, Part V-A, Line 75b - Related Party Information

Related Party One	Related Party Two	Relationship
JAMES REYNOLDS SR. PRESIDENT	JAMES REYNOLDS JR. VICE PRES.	SON
JAMES REYNOLDS SR. PRESIDENT	JOSHUA LOVELESS FUNDRAISING	SON IN LAW
JAMES REYNOLDS SR. PRESIDENT	CLAUDETTE PERKINS VOLUNTEER CR	SISTER IN LAW
JAMES REYNOLDS SR. PRESIDENT	MICHAEL REYNOLDS HOSPICE CR	SON

Statement 11 - Schedule A, Part III, Line 2b - Lending of Money or Extension of CreditDescription

AMOUNTS LOANED TO OFFICERS RELATE TO THE ABOLISHMENT OF SPLIT DOLLAR LIFE INSURANCE POLICIES. THE EXCESS OF THE HISTORICAL PREMIUMS PAID ON THE POLICIES OVER THE AMOUNT DERIVED UNDER THE IRS FORMULA WE RECLASSIFIED TO LOANS TO OFFICERS.

Federal Statements

Statement 12 - Schedule A, Part IV-A, Line 22 - Other Income

Description	2005	2004	2003	2002
MAILING LIST RENTAL	\$ 149,609	\$ 189,237	\$ 182,323	\$ 157,436
MISCELLANEOUS INCOME	15,999	11,354	2,739	9,376
OTHER INVESTMENT INCOME	40,451			
GAIN FROM SALE OF ASSETS	-682			
TOTAL	<u>\$ 205,377</u>	<u>\$ 200,591</u>	<u>\$ 185,062</u>	<u>\$ 166,812</u>

Federal Statements

Form 990, Part I, Line 1b - Direct Public Support

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
CONTRIBUTIONS FROM SCHEDULE B	\$	\$ 2,746,555	\$ 2,746,555
TOTAL	\$ 0	\$ 2,746,555	\$ 2,746,555

Attachment to Form 990
Part VI, Line 90a

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Florida
Georgia
Illinois
Indiana
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
Tennessee
Utah
Virginia
Washington
West Virginia
Wisconsin

Attachment to Form 990, Page 2, Part II
"Line" 22b

Cancer Fund of America, Inc
Over 100 items maintained in inventory annually.
Sampling of major items shipped in 2006.

Item	Value (per unit/box)
Nutrition Drinks	19 35
Adult Diapers	15 13
Bedpads	8 31
Gloves	2 52
Lumbar Cushion	22 39
Asst Hair Treatment/Conditioner	2 32
Asst Shampoo	8 28
Toothpaste	2 84
Toothbrush	0.79
Asst Maxi-Pads	7.16
Asst Tampons	13 59
Little Debbie Cakes	0 81
Asst Books	4 60
Hospice Pack A	391.51
Hospice Pack B	413 81

Cancer Fund of America, Inc.
2006 GIK Shipped To Organizations

Organization Name	GIK Shipped
05201	
VNA HOSPICE OF SVHC	1,788
MELISSA PROUTY	
160 BENMONT AVE ste 17	
BENNINGTON, VT 05201	
10463	
CONTINUUM HOSPICE RICKLAND	1,157
MARTHA HELLER	
3718 HENRY HUDSON PKY	
BRONX, NY 10463	
15501	
2/IN TOUCH HOSPICE	267
223 S PLEASANT AVE STE 103	
BEVERLY LEONARD	
SOMERSET, PA 15501	
15963	
2/WINDBER HOSPICE	40
YALANDA	
600 SOMERSET AVE	
WINDBER, PA 15963	
16001	
VNA HOSPICE WESTERN PA	954
VOL COORDINATOR	
154 HINDMAN RD	
BUTLER, PA 16001	
16232	
2/CLARION FOREST VNA HOSPICE	1,169
305 N MAIN ST-PO BOX 668	
JEAN SWANEY	
KNOX, PA 16232	
16354	
2/HOSPICE OF CRAWFORD COUNTY	2,804
310 MONROE ST	
KELLY COOK	
TITUSVILLE, PA 16354	

17Q42
1/GOOD SAMARITAN HOSPICE 1,933
202 HATHAWAY PARK
BERNADETTE SWISHER
LEBANON, PA 17042

19138
2/PRECIOUS GEMS SUPPORTIVE SER 810
231 SOUTH EASTON RD 3RD FLOOR
RITA MIL-DOBSON
GLENSIDE, PA 19038

23502A
CANCER CARE FOUNDATION OF TIDE 653
BOYD SYLVESTER
6150 KEMPSVILLE CIR STE 325A
NORFOLK, VA 23502

23508
Cancer Care Fd of Tidewater 1,838
5900 LAKE WRIGHT DR
PO BOX 12693/ ZIP 23541
NORFOLK, VA 23502

24628
BUCHANAN COMMUNITY FOOD PANTRY 3,857
664 DEEL FORK
MAXIE, VA 24628

24656-A
SPECIAL CARE HOSPICE 790
RT 460
ANCHORAGE SHOPPING CENTER
VANSANT, VA 24656

24901
HOSPICE CARE, INC 2,755
540 N JEFFERSON ST BOX7 STE D
LEWISBURG, WV 24901

26250
2/MOUNTAIN HOSPICE 737
1600 CRIM AVENUE
BELINGTON, WV 26250

. Attachment to Form 790, Page 2, Part II,
Line 22b

27103	
Cancer Services Inc	2,303
3175 Maplewood Ave	
Winston-Salem, NC 27103	

27292	
DAVIDSON CO CANCER SVCS	3,081
25 WEST 6TH AVENUE	
LEXINGTON, NC 27292	

27925A	
Healthy Start Baby Love Plus	54
MTW District Health Dept	
408 Broad Street	
Columbia, NC 27925	

28054A	
CANCER SERVICES OF GASTON CO	937
246 E GARRISON BLVD	
GASTONIA, NC 28054	

28580	
GREENE CO HEALTH DEPT	3,236
978 HULL RD	
SNOW HILL, NC 28580	

28771	
2/FRANCES WARDE HEALTH SERVICE	1,153
9526 ROSMAN HWY	
ROSMAN, NC 28772	

29910	
PALMETTO HEALTH HOSPICE	550
27 MELLICHAMP DR STE 104	
SUITE 104	
BLFFTON, SC 29910	

30458	
OGEECHEE AREA HOSPICE	1,412
200 DONEHAD STREET	
STATESBORO, GA 30458	

. Attachment to Form 990, Page 2, Part II,
Line 22b

31329
2/RESOURCE CENTER, INC 2,984
280 ZEIGLER RD
BLOOMINGDALE, GA 31302

31750
2/BUE-GRAY COMMUNITY HOSPICE 4,114
815 S MAIN STREET
FITZGERALD, GA 31750

32526
CRAFTSMAN FURNITURE INC 1,133
7016 PINE FOREST
PENSACOLA, FL 32526

32720
HOSPICE OF VOLUSIA & FLAGLER CO 1,412
1250 S SPRING GARDEN AVE STE3
DELAND, FL 32720

33407A
QUANTUM HOUSE 1,844
901 45TH STREET
WEST PALM BEACH, FL 33407

33541
GULFSIDE REGIONAL HOSPICE 2,207
37826 SKYRIDGE CIRCLE
DADE CITY, FL 33525

34997
TREASURE COAST HOSPICES 8-29-6 1,411
1201 S E Indian Street
Stuart, FL 34997

35205A
SAINT ANDREWS PLACE 3,522
1024 12TH ST SOUTH
BIRMINGHAM, AL 35205

35244
NBLIC-BIRMINGHAM 1,288
1009 GABLES DRIVE
BIRMINGHAM, AL 35244

. Attachment to Form 990, Page 2, Part II,
" Line 22b

35594
2/HOSPICE OF NW ALABAMA 2.049
1315 US HWY 43
WINFIELD, AL 35594

35601
2/HOSPICE OF THE VALLEY 1.331
240 JOHNSTON ST S E
DECATUR, AL 35601

35611
2/HOSPICE OF LIMESTONE COUNTY 4.078
405 S MARION ST PO BOX 626
ATHENS, AL 35611

36083
2/SEASHA-NADINE 9.779
4201 U S HIGHWAY 80W
TUSKEGEE, AL 36083

36117-A
S C AL D C AAA Montgomery 5.151
5900 Carmichael Place
Montgomery, AL 36117

36118
2/SOUTH CENT ALA DEV COMM 1.026
5900 CARMICHAEL PLACE
MONTGOMERY, AL 36117

36303
SARCOA 2.213
230 N OATES ST
DOTHAN, AL 36303

36360
1/WIREGRASS HOSPICE-OZARK 382
980-D EAST ANDREWS AVE
OZARK, AL 36360

36608
2/MERCY MEDICAL HOME HOSPICE 2.952
6701 AIRPORT BLVD BLD-D

STE 232
MOBILE, AL 36608

36733 2/W ALA MENTAL HEALTH HUM. R 1215 SOUTH WALNUT DEMOPOLIS, AL 36733	1,832
--	-------

37012 ALEXANDRIA SENIOR CENTER 10/05 118 EDGEWOOD STREET ALEXANDRIA, TN 37012	108
---	-----

37013 GLOBAL OUTREACH DEVELOPMENTS GLOBAL OUT DEV INTERNATIONAL NASHVILLE, TN 37013	1,966
---	-------

37095 LIBERTY SEN CENTER 103 COLLEGE ST LIBERTY, TN 37095	1,680
---	-------

37110 RAY OF HOPE 9-1-05 124 HOBSON STREET MCMINNVILLE, TN 37110	53,728
--	--------

37206 2/THE NEW HOPE FOUNDATION 629 WOODLAND ST NASHVILLE, TN 37206	1,880
---	-------

37334A DECONESS HOME CARE 820 A HUNTSVILLE HWY FAYETTVILLE, TN 37334	113
--	-----

37388 2/HOSPICE OF THE HIGHLAND 110 E LAUDERDALE STREET TULLAHOMA, TN 37388	54
---	----

Attachment to Form 990, Page 2, Part II
Line 22b

37620
2/WELLMONT HOSPICE 1,259
280 STEELES ROAD
BRISTOL, TN 37620

37807-A
CHEROKEE HEALTH SYSTEMS/J D 668
4330 MAYNARDVILLE HWY
P O BOX 279
MAYNARDVILLE, TN 37807

37807-B
FamilyHome HC S E Maynardville 7,625
3933 Maynardville Hwy Bldg 2
Maynardville, TN 37807

37813
2/COVENANT SEE 37814-B 1,646
1530 WEST A J HWY
MORRISTOWN, TN 37813

37814
2/ADVENTA HOSPICE 4,544
1423 W MORRIS BLVD, STE C
MORRISTOWN, TN 37813

37814-B
COVENANT HOME CARE 19,093
1907 WEST MORRIS BLVD SUITE 1
MORRISTOWN, TN 37814

37825B
S C H A S 6,402
829 TORBETT DRIVE
NEW TAZEWEEL, TN 37825

37830
2/COVENANT HOSPICE-OAK RIDGE 600
200 NEW YORK AVE SUITE 230
OAK RIDGE, TN 37830

Attachment to Form 990, Page 2, Part II
line 22b

37849-A

TENNESSEE CANCER SPECIALIST
ST MARY'S NORTH/OFF EMORY RD
7551 DANNAHER WAY
POWELL, TN 37849

1.516

37879

2/FAMILY HOME HEALTH SE
P O BOX 969
1442 BROAD STREET, STE 5-6
TAZEWELL, TN 37879

7.540

37909

2/FLORENCE CRITTENTON HOME
1531 DICK LONAS ROAD
KNOXVILLE, TN 37909

5.822

37910

2/COVENANT HOSPICE
3001 LAKEBROOK, STE 101
KNOXVILLE, TN 37910

3.179

37914

2/EAST KNOXVILLE DIALYSIS
2717 MAGNOLIA AVE
KNOXVILLE, TN 37914

1.048

37917B

CEREBRAL PALSY CENTER
241 WOODLAND AVE N E
KNOXVILLE, TN 37917

1.067

37918-A

USE 37938-D
5411 FOUNTAIN ROAD
KNOXVILLE, TN 37918-A

4.949

37918-G

FOUNTAIN CITY MINISTRY CENTER
P O BOX 5311
KNOXVILLE, TN 37918

2.880

Attachment to Form 990, Page 2, Part II
Line 72b

37918A
GROVE PARK CHURCH 11-22-99 8
6024 GROVE ROAD
KNOXVILLE, TN 37918A

37918C
2/HOUSECALL HOME HEALTH 900
1400 DUTCH VALLEY RD
KNOXVILLE, TN 37918

37918D
ST MARY'S HOSPICE 240
OLD ANDERSONVILLE PIKE
KNOXVILLE, TN 37918

37918E
ST MARY'S HOME HEALTH 3,865
5411 FOUNTAIN RD
KNOXVILLE, TN 37918

37918F
LOST SHEEP MINISTRY 7/29/05 59,059
5531 FOUNTAIN RD
KNOXVILLE, TN 37918

37919
2/UT HOME CARE/HOSPICE 2,652
2200 SUTHERLAND AVE, STE 102
KNOXVILLE, TN 37919

37920
2/BAPTIST HOSPICE 1,728
433 SEVIER AVE, STE 309
KNOXVILLE, TN 37920

37920-C
BAPTIST HOSPICE OF BLOUNT AVE 3,770
211 BLOUNT AVE
KNOXVILLE, TN 37920

37921-B
ANGELIC MINISTRY 3-5-03 452,579
1218 NORTH CENTRAL
KNOXVILLE, TN 37917

Attachment to Form 990, Page 2, Part II
Line 22b

37921-D SECOND HARVEST FOOD BANK 922 DELAWARE AVE , TN 37921	17,280
37928 Lost Sheep 5531 FOUNTAIN ROAD KNOXVILLE, TN 37928	135,058
37938-C BEAVER DAM BAPTIST CHURCH 4328 E EMORY RD KNOXVILLE, TN 37938	5,760
37938-D ST MARY'S HOME HEALTH 4127 E EMORY RD KNOXVILLE, TN 37938	600
38501-B LAZARUS HOUSE HOSPICE 260 W 5TH ST COOKVILLE, TN 38501	1,597
38506A UPPER CUMBERLAND DEV DIST 1225 SOUTH WILLOW AVE COOKEVILLE, TN 38506	4,488
38555-B HOSPICE OF CUMB CO 30 EAST ADAMS ST CROSSVILLE, TN 38555	5,544
38801 O/NMMS HOSPICE-(SEE 38804) 422 A EAST PRESIDENT TUPELO, MS 38801	4,280

Attachment to Form 990, Page 2, Part II
Line 28b

38901A
STA-HOME HOSPICE 3.697
1300 SUNSET DRIVE SUITE N
GRENADA, MS 38901

39094
STA-HOME HOSPICE 3.184
1107 GRAND AVE
LENA, MS 39094

39117C
GREATER HOLY HILL 1.181
304 SANCTIFIED RD
MORTON, MS 39117

39206A
STA-HOME HOSPICE/ LEANN H 2.832
406 BRIARWOOD DR STE 500
JACKSON, MS 39206

39339
STA-HOME HOSPICE 2.066
190 W COLLEGE STREET
LOUISVILLE, MS 39339

39359
2/HOMECARE HOSPICE 785
32 UNDERWOOD STREET
SEBASTOPOL, MS 39359

40202
BROWN CANCER CENTER 5.467
529 SOUTH JACKSON ST
LOUISVILLE, KY 40202

40351
2 KY HOMEPLACE-MOREHEAD 564
GRAYSON, KY 41143
135 HARGIS AVE
MOREHEAD, KY 40351

Attachment to Form 990, Page 2, Part II
Line 22b

40962
2/QVDHD HOSPICE 8.348
HWY 421 S
MANCHESTER, KY 40962

40965 B
BELL CO ADULT DAY CARE/ J D 3.065
110 E LOTHBURG AVE
MIDDLESBORO, KY 40965

40977
2/PINEVILLE HOME HEALTH/ J.D 1.731
121 VIRGINIA AVE-2ND FLOOR
PINEVILLE, KY 40977

41129
2 KY HOMEPLACE-CATLETTSBURG 500
3015 LOUISA STREET
CATLETTSBURG, KY 41129

41144
2 KY HOMEPLACE-GREENUP 445
US 23
GREENUP, KY 41144

41230
2 KY HOMEPLACE- LOUISA 564
122 S CAROL MALONE, GRAYSON KY
122 MAIN CROSS RICKY SKAGGS BV
LOUISA, KY 41230

41701
2/KY RIVER AREA DEV DIST 9.763
917 PERRY PARK RD
HAZARD, KY 41701

42141
KENTUCKY HOMEPLACE GLASGOW 1.676
119 PARK AVE
GLASGOW, KY 42141

42141A
BARREN CO ADULT DAY CARE 553
109 MYRTLE ST
GLASGOW, KY 42141

42164
2/KY HOME PLACE-SCOTTSVILLE 2,308
311 NORTH 3RD STREET
SCOTTSVILLE, KY 42164

42167
2/KY HOMEPLACE-TOMPKINSVILLE 1,195
512 W FOURTH ST
TOMPKINSVILLE, KY 42167

42210
0/KY HOMEPLACE-BROWNSVILLE 1,368
221 MAMMOTH CAVE RD
BROWNSVILLE, KY 42210

42330
2/GREEN RIVER HOSPICE 3,460
109 S 2nd STREET
CENTRAL CITY, KY 42330

42503
2/PULASKI DAY SERVICES 4,745
35 TURPEN COURT
SOMERSET, KY 42503

44124
HILLCREST HOSPITAL HIRSCH CAN 651
6780 MAYFIELD RD
MAYFIELD HTS , OH 44124

44484
2/FORUM HEALTH HOSPI CE 2,145
8747 SQUIRES LANE NE
WARREN, OH 44484

44870
CANCER SERVICES OF ERIE CO 3,682
912 PERRY STREET
SANDUSKY, OH 44870

Attachment to form 990, Page 2, Part II
Line 22b

45503	
2/COMMUNITY MERCY HOSPICE	1,863
1343 N FOUNTAIN BLVD 5TH FL	
SPRINGFIELD, OH 45504	

47305	
2/CANCER SERVICES OF DEL CO	954
LITTLE RED DOOR	
401 W JACKSON	
MUNCIE, IN 47305	

49720	
2/HOSPICE OF N W MICHIGAN	1,192
220 W GARFIELD	
CHARLEVOIX, MI 49720	

53005	
HEARTLAND HOSPICE	1,408
13255 W BLUE MOUND RD	
BROOKFIELD, WI 53005	

54002	
ADORAY HOME HEALTH & HOSPICE	560
990 HILLCREST ST STE 104	
BALDWIN, WI 54002	

54470	
2/HOPE HOSPICE & PALLIATIVE CA	8,601
657 McCOMB AVE P O 237	
RIB LAKE, WI 54470	

56283	
2/REDWOOD AREA HOSPICE	1,134
100 FALLWOOD RD	
REDWOOD FALLS, MN 56283	

56378	
2/ST MICHAEL_S HOSPICE	321
425 N ELM ST	
SAUK CENTRE, MN 56378	

Attachment to Form 990, Page 2, Part II
line 22b

57104
SIOUX VALLEY HOSPICE 1,551
2710 W 12TH STREET
SIOUX FALLS, SD 57104

59859
CLARK FORK VALLEY HOSPITAL 54
10 KRUGER RD
PLAINS, MT 59859

62864
SAINT MARY'S HOSPICE OF GOOD S 54
605 N 12TH STREET
MOUNT VERNON, IL 62864

64506
HANDS OF HOPE 565
105 N FAR WEST DRIVE
SUITE 100
ST JOSEPH, MO 64506

64735
TWIN LAKE HOSPICE 1,190
725 E OHIO
CLINTON, MO 64735

65604
COMMUNITY SUPPORT SERVICES 2,589
7630 LAWRENCE #1187
ASH GROVE, MO 65604

73072
HEARTLAND HOME HEALTH & HOSPIC 1,085
4212 EMERALD CT
NORMAN, OK 73072

73080
LOVING CARE IN-HOME SERVICES 2,160
301 WAIN ST
PERCELL, OK 73080

Attachment to Form 990, Page 2, Part II
Line 22b

73460-B

Indian Territory Hospice 2.228
875 E Main
Tishomingo, OK 73460

73651

2/KIOWA CHD-ELDERCARE 1.548
431 WEST ELM
HOBART, OK 73651

74006

WASHINGTON CTY HEALTH DEPT 3.226
3838 STATE STREET
BARTLESVILLE, OK 74006

74006-A

CORNERSTONE HOSPICE FOUNDATION 1.303
3414 SE KENTUCKY
BARTLESVILLE, OK 74006

74056-B

PAWHUSKA JUNIOR HIGH SCHOOL 414
615 EAST 15TH STREET
PAWHUSKA, OK 74056

74076

2/JUDITH KARMAN HOSPICE 4.372
915 SOUTH MAIN--PO BOX 818
STILLWATER, OK 74074

74120

SENOIR WORLD HOSPICE 5.873
124 A N GREENWOOD AVE
TULSA, OK 74120

74127

TULSA CO SOCIAL SVCS 889
2401 CHARLES PAGE BLVD
TULSA, OK 74127

74136C

GRACE HOSPICE 781
6400 S LEWIS SUITE 1000
TULSA, OK 74136

Attachment to Form 790, Page 2, Part II
Line 22b

74462A

MID-LAKES HOMECARE
509 E MAIN
STIGLER, OK 74462

1,012

74538

SEE 74525 (correct address)
1300 W LIBERTY RD
ATOKA, OK 74538

932

74727

INDIAN TERRITORY III
530 HUNTER
BOSWELL, OK 74727

701

75041

Heritage Square
3105 OLD ORCHARD RD
GARLIN, TX 75041

2,176

75460 -A

MAYS HOSPICE TEXAS LLC
845 CLARKSVILLE ST
PARIS, TX 75460

348

75604

2/LIFE CARE HOSPICE
1809 GILMER RD
LONGVIEW, TX 75604

2,116

75904-A

Hospice in the Pines-Lufkin
116 South Raguet
Lufkin, TX 79504

1,115

75961

2/HOSPICE OF DEEP EAST TEXAS
907 MOUND STREET
NACOGDOCHES, TX 75961

268

Attachment to Form 990, Page 2, Part II
Line 22b

75961A
CECIL R BOMAR HOSPICE 3,797
707 WOODS ST
NACOGDOCHES, TX 75961

76104
JPS CENTER FOR CANCER 3,957
601 W TERRELL AVE
FORTWORTH, TX 76104

76255
NOCONA PRIMARY HOME CARE 1,153
507 CROXTON
NOCONA, TX 76255

76255-A
NOCONA HOSPITAL HOME HEALTH 670
507 CRAXTON
NOCONA, TX 76255

77964
2/HOSPICE OF SOUTH TEXAS 401
404 N TEXANA
HALLETTSVILLE, TX 77964

78611
O/SETON HIGHLAND LAKES HOSPICE 1,177
409 INDUSTRIAL BLVD
BURNET, TX 78611

81004
DORCY CANCER CENTER 356
2004 LAKE AVE
PUEBLO, CO 81004

84150
LDS PHILANTHROPIES 10-23-06 1,016
15 E SOUTH TEMPLE 2ND FL EAST
SALT LAKE CITY, UT 84150

85242
A CARING MANOR 1,398
18642 E CLOUD RD
QUEEN CREEK, AZ 85242

93105A

Pediatric Onc Cottage Hosp
320 W PUEBLO ST
SANTA BARBARA, CA 93105

439

93720

SAINT AGNES CANCER CENTER
7130 N MILLBROOK AVE STE 112
FRESNO, CA 93720

113

95901

SUTTER NORTH HOSPICE
826 4TH ST
MARYSVILLE, CA 95901

1,398

98274

PREVENTIVE MEDICINE 12-04-06
1418 EAST BLACKBURN RD
MOUNT VERNON, WA 98274

379

1,050,566

Shipments to Individual Patients-

1,129,292

Total Shipped For 2006-

2,179,858

Cancer Fund of America Support GCS Grants <190,000> 1,989,858

For donated commodities, valuation is provided by the donor in printed format

For purchased items, valuation is actual cost of products liquid nutrition, diapers,
bed pads, fans, examination gloves, confectionary items, etc

The donors do not have a
relationship to any person or
corporation with an interest in
the organization.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions	CANCER FUND OF AMERICA, INC.	58-1766061
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	2901 BREEZEWOOD LANE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	KNOXVILLE TN 37921-1099	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► **KYLE EFFLER**

Telephone No. ► **865-938-5281**

FAX No. ► **865-938-2968**

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until **8/15/07**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year **2006** or
- ☐ tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 12-2006)